

Form CPF M 102: Campaign Finance Report **Municipal Form**

JAN 2 6 2015

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Jan 1,	2014 Ending Date: Dec 31, 2014
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election 🔀 year-end report 🗌 dissolution
Alisa Klein	Committee to Elect Alisa Klein
Candidate Full Name (if applicable)	Committee Name
City Councillor Ward 7 Office Sought and District	Julia Chevan Name of Committee Treasurer
18 Chestnut Ave Leeds, MA 01052	18 Chestnut Ave Leeds, MA 01052
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	289.01
Line 2: Total receipts this period (page 3, line 11)	3.97
Line 3: Subtotal (line 1 plus line 2)	289.01
Line 4: Total expenditures this period (page 5, line	25
Line 5: Ending Balance (line 3 minus line 4)	260.04
Line 6: Total in-kind contributions this period (page	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Florence Savings Bar	nk .
Affidavit of Committee Treasurer: It certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: Jan 20, 2015
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)
11X1 -	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
Candidate without Committee OR Candidate with independent activity filing set I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign , in-kind contributions and liabilities for this reporting period appropriesents the
Signed under the penalties of perjury:	(Candidate's signature) Date: Jan 20, 2015

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)		
#MADE-12.1-477					
1					
Line 9: Total Rece	cipts over \$50 (or listed above)	0			
Line 10: Total Rec	eipts \$50 and under* (not listed above)	3.97			
Line 11: TOTAL	RECEIPTS IN THE PERIOD	3.97	← Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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		<u> </u>		
			-	
Line 9: Total Rece	ipts over \$50 (or listed above)	0		
Line 10: Total Rece	eipts \$50 and under* (not listed above)	0		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	G	← Enter on page 1, line 2	
		<u> </u>	Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)			<u> </u>	
	Enter on page 1, line 4	\rightarrow Line 14: TOTAL EXPEN	IDITURES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	74.1			
				7.7
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				-
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				<u> </u>
	Line 15: In-Kind Contributions over \$50 (or listed above)			0
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0
If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address				

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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